## U.S. Department of Otistical 0195-PBS Document 121 United States Marshals Service

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PLAINTIFF UNITED STA		COURT CASE NUMBER CR-05-10195-PBS									
DEFENDANT MICHAEL P		TYPE OF PROCESS: Preliminary Order of Forfeiture									
SERVE	NAME OF INDIVIDUAL,	OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN:									
<b>DERVE</b>	John H. Cunha, Jr., Esquire; Counsel for Daniel Gomes										
AT	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)										
	Cunha & Holcomb, PC, Suite 500 Onse State Street, Boston, MA 02109-3507										
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:							Number of process to be served with this Form - 285				
Kristina E. Barclav, Assistant U.S. Attorney United States Attornev's Office John Joseph Moaklev United States Courthouse 1 Courthouse Wav, Suite 9200 Boston, MA 02210							Number of parties to be served in this case				
							Check for service on U.S.A.				
	EUCTIONS OR OTHER I timated Times Available		Γ WILL ASS	SIST IN EXP	EDITING SERVIC	E (Include Bu	siness and Alterna	ite Add	lress, All Telephone		
Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named individual via certified mail, return receipt											
requested. CATS ID No.	04-ATF-001155	^							JLJ xt 3297		
Signature of Attorrey or other Origin tor requesting service on behalf of :   ■ PLAINTIFF							TELEPHONE NUMBER (617) 748-3100		DATE December 7, 2007		
	SPACE BELOW	EOD HEE OF HE	C MADO		DEFENDANT  V. DO NOT			LINE			
								LINE			
I acknowledge receinumber of process in (Sign only first USM one USM 285 is sub	ndicated. I 285 if more than	Process District of C	District to Serve	Signature of At	thorized USMS			Date			
I hereby certify a individual, compa	and return that 1 have range, corporation, etc. at the	personally served. The	ave legal evi e or on the ir	idence of serv	rice. have execumpany, corporation	ited as shown in, etc., shown a	n "Remarks", the	process	s described on the low.		
l hereby certify	and return that I am unable to	o locate the individual, con	npany, corpora	ation, etc., nam	ed above (See remark	s below).					
Name and title of individual served (If not shown above).							berson of suitable and the defendant's usua		liscretion then residing of abode.		
Address (complete only if different than shown above)							rvice	Time	., 29 (pm)		
						Signature of	CU.S. Marshal or De		ATPUA		
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges		Advance Deposits	Amount O	nount Owed to US Marshal o		r Amount or Refund		
Sel attached US Postal Service tracking re: delivery											
PRIOR EDITIONS	MAY	1. CLERK OF THE COURT					FORM USM 285 (Rev. 12/15/80)				

□ USMS RECORD □ NOTICE OF SERVICE □ BILLING STATEMENT □ ACKNOWLEDGEMENT OF RECEIPT



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